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**Medical**



**RAPE PROTOCOL SUPPORT FROM CIVILIAN HOSPITALS**

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(Lt Col Joseph Chozinski)  
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This instruction implements AETC 44-1, *Medical Operations*. It covers only unrestricted cases of sexual assault and does not cover cases in which restricted reporting is opted by the alleged victim. This instruction establishes the role of the sexual assault response coordinator (SARC) and provides SARC guidance. It establishes procedures and assigns responsibility to ensure that alleged sexual assault victims receive timely medical support by providers trained and privileged in performing sexual assault examinations, and in completing legally sufficient rape protocols. It applies to all AETC units with medical treatment facilities (MTF). This publication does not apply to Air National Guard and Air Force Reserve Command units.

Ensure that all records created as a result of processes prescribed in this publication are maintained in accordance with AFMAN 37-123, *Management of Records*, and disposed of in accordance with the Air Force Records Disposition Schedule (RDS) located at [https://afirms.amc.af.mil/rds\\_series.cfm](https://afirms.amc.af.mil/rds_series.cfm). See Attachment 1 for a glossary of references and supporting information.

**SUMMARY OF REVISIONS**

This revision adds notification procedures for the SARC and guidance for the role of the SARC. (See paragraphs 1.2, 2.2.2, and 3.) A bar (|) in the left margin indicates a change from the previous version.

**Section A—MTF Commander Responsibilities**

**1. Establish Local Operating Instructions:**

**1.1. Local Guidance.** Each MTF commander will develop a local operating instruction to provide guidance and procedures on how to manage cases that involve alleged sexual assault victims. When sexual assault victims are admitted to the MTF, life-saving procedures take precedence over initiating rape protocols.

**1.1.1. MTFs With an Emergency Department (ED).** The MTF commander has the option to manage sexual assault victims within the military facility with an ED, at a civilian hospital, or by an equivalent civilian provider of service such as a sexual assault nurse examiner (SANE) group. To offer this service at an MTF, the decision depends on the currency of the staff responsible for performing examinations on sexual assault victims. The physicians privileged for this procedure work in ideal settings where currency is

maintained. Where currency is limited, it may result in dependence on a local civilian hospital or a SANE group with expertise in performing sexual assault examinations.

**1.1.2. MTFs Without an ED.** The MTF commander will need to establish a relationship with a civilian or military hospital or an equivalent civilian provider of service that can provide sexual assault examinations when the MTF is without an ED.

**★1.2. Guidance for Early Notification of Assault.** In the operating instruction, the MTF commander must provide guidance to include the proper notification procedures to ensure the earliest possible involvement of the Air Force Office of Special Investigations (AFOSI) and SARC, regardless of the location of the sexual assault examination. Prompt notification is essential. Realizing each assault case is unique, the AFOSI's input may influence addition or deletion of particular tests during the victim's examination. In addition, if the same medical facility is used for the victim and alleged perpetrator, appropriate management of the alleged perpetrator is needed, to include a medical examination. Medical personnel must place emphasis on limiting interaction with the victim and prevent contamination of evidence.

**1.3. Establish Memorandums of Understanding (MOU) with Civilian Providers.** The MTF commander will identify any agreements or MOUs with a civilian hospital or other equivalent civilian provider of service (see paragraph 2.2 for explanation of requirements) and include this guidance in the operating instruction.

**1.4. Followup Medical Care.** The MTF operating instruction will address followup medical care options; include support for physical and psychological pain and other appropriate medical issues to the alleged sexual assault.

**1.5. Annual Training.** MTF commanders will ensure medical personnel receive annual training on local sexual assault response protocols to ensure understanding and compliance with local operating instructions.

## **2. MOU with Civilian Providers of Service:**

**2.1. MOUs and Civilian Providers.** When necessary to involve civilian providers, the MTF commander must have an MOU with the civilian facility or group that specifically addresses sexual assault.

**2.2. Review of MOUs, Policies, and Procedures.** Annually, the MTF commander will ensure:

2.2.1. Review of the MOU.

**★2.2.2.** Review of the MTF operating instruction at a meeting involving representatives from the MTF, AFOSI, Judge Advocate (JA), the civilian provider of service (hospital or SANE group), the SARC, and civilian law enforcement to ensure concurrence with policies and procedures.

2.2.3. To include the rape crisis center (or its equivalent), if present and available in the local community.

## ***Section B—Civilian Provider of Service Support***

**★3. Sexual Assault Examination.** Only privileged providers can perform sexual assault examinations. For pediatric cases, providers must have specialized training. For adult cases, SANE or ED physicians are the preferred sexual assault experts. Exception should only occur when local community resources are lacking and there is insufficient caseload to allow ongoing competency in the MTF. In this circumstance, contact the Clinical Medicine Branch (HQ AETC/SGOK) to discuss options.

**3.1. Standard Examinations.** Standard examinations encompass five general areas:

3.1.1. Document the complete history of the alleged victim.

3.1.2. Trace evidence collection; include hairs, fibers, soil, glass, etc.

3.1.3. Search and collect biologic evidence; include saliva, semen, and blood.

3.1.4. Provide written documentation and photographs of the injuries.

3.1.5. Provide collection of known standards from both the victim and subject or alleged perpetrator (hair and blood samples).

3.2. **Additional Tests.** Consider the following additional tests:

3.2.1. Screen for drug-facilitated sexual assault (blood alcohol test and urine toxicology).

3.2.2. Sexually transmitted disease screen.

3.3. **Time Limits for Examinations.** Examinations should be accomplished for all alleged victims within 19 days of the event as per AFOSI guidance. State limitations may only authorize examinations within 72 hours of the event at civilian hospitals. Options for unique scenarios involving input from AFOSI should be addressed in the MOU, realizing that cases beyond 72 hours will be the exception.

3.4. **Evidence Collection Kit.** If a Department of Defense sexual assault evidence collection kit is **not used** at a civilian hospital (which is generally the case), the MTF personnel should verify that the kit in use meets medical and legal expectations with the regional AFOSI forensic sciences consultant (FSC). Medical personnel must coordinate this information through their local AFOSI detachment.

**4. Chain of Custody.** Medical personnel or the SARC must ensure chain of custody of sexual assault kits to ensure legal sufficiency according to AFOSI requirements. This includes those completed by civilian facilities or other equivalent providers of service.

4.1. **Assaults Off Base.** When assaults occur off base, provide the kits to civilian law enforcement unless the civilian law enforcement agency declines investigative jurisdiction over the case. If that occurs, release kits to AFOSI. Coordination between AFOSI and civilian law enforcement is needed in these situations.

4.2. **Assaults On Base.** When assaults occur on base, and AFOSI is present in the medical facility with the alleged victim, give kits to the AFOSI.

### *Section C—Additional Support for MTFs*

#### **5. AFOSI:**

5.1. **Using Sexual Assault Kits.** AFOSI FSCs are available to educate military physicians on the use of sexual assault kits.

5.2. **When Prearranged Care Is Not Available.** A military physician may need to complete an examination for an emergent case when prearranged civilian care is not available. AFOSI support is available for this unique situation, though not necessarily resident at the local AFOSI detachment. Prior training and planning with the regional FSC is highly recommended. Nonexpert providers who complete these examinations may ultimately be called upon by the legal system, but only as fact witnesses.

5.3. **Additional Guidance.** AFOSI procedures and policies in dealing with rape protocols are available through the unit AFOSI detachment and the FSC.

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**Attachment 1****GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION*****References***

AFPD 44-1, *Medical Operations*

AFMAN 37-123, *Management of Records*

***Abbreviations and Acronyms***

**AFOSI**--Air Force Office of Special Investigation

**ED**--emergency department

**FSC**--forensic sciences consultant

**JA**--Judge Advocate

**MOU**--memorandum of understanding

**MTF**--medical treatment facility

**RDS**--Records Disposition Schedule

**SANE**--sexual assault nurse examiner

**SARC**--sexual assault response coordinator